Name in Full

Certificate of Death

Mamie Dean

Died at Town Bowie County Pr. George MARYLAND

Date 189 9 Month 11 Day | Age Y. 16 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary suicide 1421 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Leader 12-1

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Wm DeLancy

Certificate of Death

Died at — Town: — County: Pr. Geo — MARYLAND

Date 1899 — Month: Nov. Day: 17. | Age: Y. 63. M. 2. D. | Native of: Pa. | Occupation: Farmer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ / Number of children living — 3

Husband of Wife: —

104

Father's Name: Fagar DeLancy

Mother's Name: Marg't DeLancy

Cause of Death:
- Primary: Prostatic Enlargement. (Retention of urine)
- Immediate: Septic Peritonitis - following paracentesis (operation not performed by me)

How long sick: 16 days

~~Accident, Suicide, Homicide~~

Reported by: R. A. Pyles M.D.

Address: Anacostia D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

James. Johnson

Died at Town Cheltenham. H. of R. County Prince George MARYLAND

Date 189 9 Month Nov Day 21 Age Y. 15. M. D. Native of Maryland Occupation Laundry

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Henry Johnson Mother's Name Kate Johnson

Cause of Death Primary Typhoid Fever 1 How long sick 20 days

Immediate Heart Failure Accident, Suicide, Homicide

Reported by John Lawrence M. D.

Address Cheltenham Prince Geo Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. John Lawrence M.D.

LIBRARY BUREAU, 79[illegible]

Name in Full: Patrick Kernan

Certificate of Death

Died at: Town: Bellevue — County: T. George — MARYLAND

Date 1899: Month: Nov — Day: 29 — Age: Y. 60 — M. — D. — Native of: Md — Occupation: Farmer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — Widow / Widower — Divorced — Number of children living: six

Husband / Wife of: Mary Kernan — 57

Father's Name: Patrick Kernan — Mother's Name: —

Cause of Death: Primary: Heart Disease - Mitral Valve — How long sick: one year

Immediate: Exhaustion - Dropsy — Accident, Suicide, Homicide

Reported by: Chas Aubels

Address: Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. F5068

Name In Full Alfred - King

Certificate of Death

Town — County Pr. Geo.

Died at MARYLAND

Date 1899 Month Nov. Day 3 21 Age Y. 53 M. — D. —

Native of md

Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband of Wife Sarah King

Father's Name Unknown

Mother's Name Unknown

Cause of Death — Primary Laryngeal Tuberculosis — How long sick one year

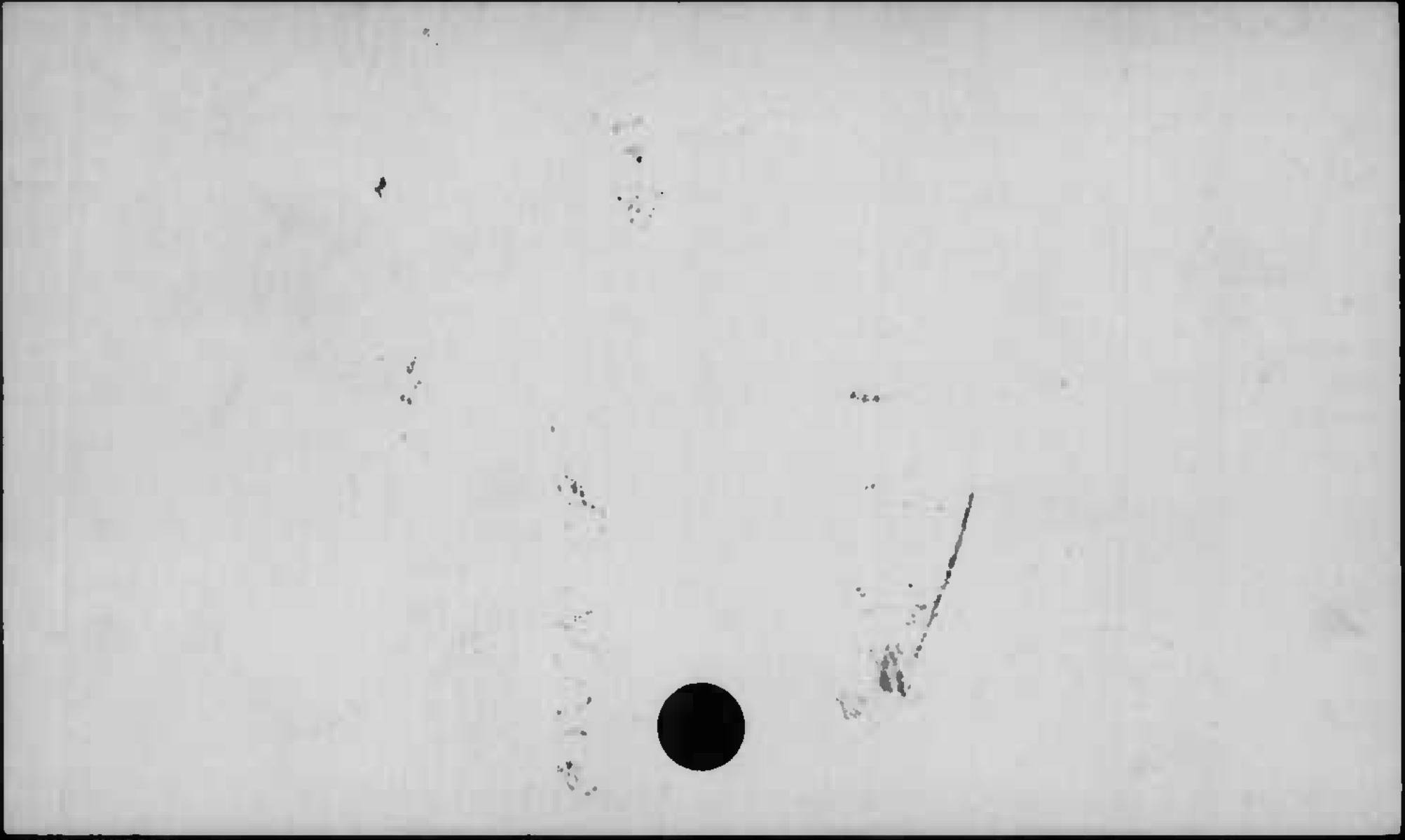
Immediate Asthenia 22e — ~~Accident, Suicide, Homicide~~

Reported by R. A. Pyles MD

Address Anacostia DC

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989R



Name in Full

Mrs. Elizabeth Lozan

Certificate of Death

Died Near Hyattsville (Town) P. George Co (County) MARYLAND

Date 1894 Month Nov Day 8 Age Y. 33 M. About D. Native of Va Occupation Seamstress

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living two

~~Husband~~ Wife Divorced.

Father's Name Wm H Johnson Mother's Name Sarah Johnson

Cause of Death Primary Phthisis Pulmonalis 22a How long sick Two Years

Immediate ~~Accident, Suicide, Homicide~~

Reported by Chas Lewis 1-9th 1900

Address Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

P.C.T. 118

Name in Full

Certificate of Death

Walter H. Reed

Died ~~at~~ near Town Townsend County Pr. Georges MARYLAND

Date 189 9 Month 11 Day 28 | Age Y. 29 M. D. | Native of Delaware | Occupation

~~Male~~ ~~Female~~ | ~~White~~ ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary shot 145 a | Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Kent News 12.2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

John Schwartz

Town

County

Died at Bowie Pr. Georges MARYLAND

Date 189 9 Month 11 Day 30 | Age Y. 80 M. D. | Native of | Occupation

Male White Married ~~Widow~~ Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Marlboro Gazette 12-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

John Scott

Certificate of Death

Died at Town: Laurel / County: Prince George MARYLAND

Date 1899 Month: 11 Day: 1 | Age Y. M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary — 145a

Immediate — Shot gun

How long sick

Accident, ~~Suicide, Homicide~~

Reported by — Marlboro Gazette, 11-8-99

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Florence Louisa Streeter

Died at Town: New Glatz County: Pr. Geo, Co. MARYLAND

Date 189 9 Month: Nov. Day: 25 | Age Y.: 24 M.: – D.: – | Native of: D. C. | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~ | Number of children living: one

~~Husband~~ Wife of

Father's Name: Zedekiah Dement | Mother's Name: Martha Dement

Cause of Death — Primary: Enteric Fever / How long sick: 3 weeks

Immediate: Heart-Failure | ~~Accident, Suicide, Homicide~~

Reported by: S. P. Simpson M.D.

Address: OXEN HILL, Prince Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 56128

Name in Full Caroline Young — Certificate of Death

Died at Town Forestville County Prince Georges MARYLAND

Date 1899 Month Nov Day 29 | Age Y. 66 M. — D. — | Native of Md | Occupation Housework

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of James Young

Father's Name —— Mother's Name 66

Cause of Death: Primary —— Immediate Neuralgia Heart — How long sick Few days

~~Accident~~, Suicide, Homicide

Reported by John E Saulsbury M.D.

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968